



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL  
Office of Health Facility Licensure and Certification  
Long-Term Care Nurse Aide Program  
408 Leon Sullivan Way  
Charleston, WV 25301  
Telephone: (304) 558-0050 Fax: (304) 558-1442**

**CLASS ROSTER**

<b>Program Name:</b>	<b>Program Approval Number:</b>	<b>Date:</b> /   /
<b>Affiliated Agency/Facility:</b>	<b>Telephone:</b> -   -	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**SOCIAL SECURITY NUMBER DISCLOSURE:** Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc) to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you. In accordance to 42 CFR 483.156 (c ), failure to provide requested information may result in your application being returned, a delay in processing, or your name not being placed on the West Virginia Nursing Assistant Registry.

	Print Complete Name (First, Middle, Last)	Social Security Number	Date of Birth	Telephone	Aware of Privacy Disclosure (Student's signature)
1		- -	/ /	- -	
2		- -	/ /	- -	
3		- -	/ /	- -	
4		- -	/ /	- -	
5		- -	/ /	- -	
6		- -	/ /	- -	
7		- -	/ /	- -	
8		- -	/ /	- -	
9		- -	/ /	- -	
10		- -	/ /	- -	

<b>Program Start Date:</b> /   /	<b>Instructor(s):</b>	
<b>Scheduled Completion Date:</b> /   /		

**Submit this form with the class calendar at least one week prior to the beginning of class. Additions and deletions may be submitted up to the end of the first day of class. Additions after the end of the first day of class will not be accepted. Due to the personal information collected on this form it is not acceptable to e-mail its contents to the OHFLAC office. You must fax this form to 304-558-1442, or mail to the address listed above.**